

Office of Graduate Medical Education Annual Report

July 1, 2014 – June 30, 2015



Staff

- E. Benjamin Clyburn, MD, continued his role as the Associate Dean for Graduate Medical Education (GME) and the Accreditation Council for Graduate Medical Education's (ACGME) Designated Institutional Official.
- Leonie Gordon, MD, continued her role as an Associate Dean for GME.
- Angela Ybarra, MHA, continued her role as the GME Program Administrator.
- Beth Jones, MHA, continued her role as the GME Business Manager.
- Ann Ronayne, BS, C-TAGME, continued her role as the GME Coordinator.
- Hung Vo, BS, continued his role as the GME Information Technology Manager.
- Robert Chisholm, BS, continued his role as the GME Credentialing and Licensing Coordinator.

Resident Information

- Graduating residents for 2014 - 2015 = 187
- Matriculating residents = 478
- Incoming residents on July 1, 2015 = 209
- Total residents on July 1, 2015 = 687

- 8% of Resident staff are members of the AOA
- 5% of Resident staff are members of the Gold Humanism Honor Society

Scholarly Activity

- 138 Presentations
- 74 Publications
- 26 Book Chapters
- Numerous teaching awards

Program Information

(See Appendix I)

- ACGME-accredited residency programs – 56
- ACGME combined (non-accredited programs) - 2
- American Dental Association (ADA)-accredited programs – 2
- 2015 National Residency Matching Program Main Match Results: 145 out of 145 positions were filled. 25 out of 25 residency programs fully matched their available positions.

Accreditation Information

All programs are accredited. Orthopaedics was the first of our programs to go through the ACGME program self-study process. All programs are using Milestones to determine resident and fellow performance within the six ACGME Core Competencies. Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

Graduate Medical Education Committee (GMEC)

(See Appendix II)

Annual Program Evaluations (APE)

The program, through the Program Evaluation Committee, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written APE. The program must monitor and track each of the following areas: resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; and program quality. In addition, residents and faculty must evaluate the program in writing and the program must use those assessments (along with other evaluations) to improve the program.

MUSC began using the APE review in January, 2014. The Institutional APE Committee gathers information to make sure the programs are reviewing the information necessary and determines if those efforts to improve the program are satisfactory. The APE Committee issues a report card on all programs.

The Institutional Report Card of all Annual Program Evaluation reviews is attached. (See Appendix III)

Faculty Development

Extensive faculty development activities on campus have taken place within departmental programs, the College of Medicine, Faculty Affairs programs and The Appletree Society. Additionally, the GME Office has been involved with faculty development on the local, regional and national levels.

Conferences Held

Conducted the 2014 Chief Resident Leadership Conference. 55 upcoming Chief Residents were in attendance.

Topics included:

- Handling the Job of Chief Resident
- Managing Conflicts and Building Teams
- Handling Difficult People and Stressful Interactions
- Patient Safety/Unsafe Environments
- Diversity and Inclusion
- Passing on Lessons from the Veterans (current Chief Residents)

Financial Information

- The Health Resources Contract was finalized with the Veterans Administration (VA) to recoup additional reimbursement expenses. The first payment is expected in FY16 for FY15 expenses.
- Received VA funding approval for five temporary positions - Pulmonary, Ob/Gyn, Psychiatry, and Quality and Patient Safety.
- MUHA funding for two fellows was approved for a new one-year Palliative Care Fellowship.
- Secured MUHA funding approval for four additional Neurology residency positions for an increase to 24 residents from 20.
- Secured MUHA funding approval for one additional Neuroradiology fellowship position for an increase to four residents from three.

- Second year of GME funding cuts (5%) were implemented within the departments. All but one department submitted an approved expense reduction plan. One department paid the 5% fee to MUHA.
- Salary increases were approved for the 2015-2016 year. They are:
 - PGY-1 - \$49,223
 - PGY-2 - \$50,914
 - PGY-3 - \$52,570
 - PGY-4 - \$54,059
 - PGY-5 - \$55,890
 - PGY-6 - \$58,034
 - PGY-7 - \$60,861
 - PGY-8 - \$64,453

Utilization of E*Value

- Ongoing one-on-one E*Value training with each residency program coordinator.
- Advanced Informatics conducted program review to evaluate application usage.
- Evaluated systems and applications of electronic residency management systems.
- Completed Phases 2 and 3 of the Milestones project including training for both groups.
- Uploaded missing photos to resident profiles.
- Worked with E*Value to implement and streamline the ERAS data into the new ERAS Import Tool.
- Participated in a beta test to review the new web application for PxDx in E*Value.
- Performed maintenance to eliminate duplicate and unnecessary social security numbers from individual profiles.

Policy and Practice Reviews and Form Revisions

- Handbook Verification Form
- Visiting Resident Policy and Form
- Remediation Plan Template and Instruction Form
- Leave of Absence Form
- Resident Clearance Sheet
- Non-ACGME/Off-Cycle Contact Listing and Form
- USMLE Step 3 Policy

Information Technology

- Continued the new ERAS web-based process.
- Established the NAS Milestones and conducted applicable systems training for Phases 2 and 3.

Resident Representatives to Hospital Committees

(See Appendix IV)

Strategic Planning

The MUSC GME Strategic Planning Sub-Committees continued their efforts to achieve the designated strategies for each objective:

- **Foster innovation and improvement in the learning environment**

Objective: Specific training and incentives for teaching and administration of training programs

- **Strengthen the educational emphasis on quality and safety in patient care**

Objective 1: Increase resident education and productivity in Quality Improvement (QI) including scholarly activity

Objective 2: Understand, mitigate and prevent medical errors

Objective 3: Minimize non value-added work

- **Advance the climate in which diversity is encouraged**

Objective: Improve recruitment of a diverse population of trainees at all levels of the institution

- **Optimize communication and collaboration amongst stakeholders**

Objective 1: Advance innovation and use of technology for communication

Objective 2: Enhance collaboration amongst stakeholders

APPENDIX I

Listing of Programs

ANESTHESIOLOGY

Cardiothoracic Anesthesia
Critical Care Anesthesia

DERMATOLOGY

Procedural Dermatology

EMERGENCY MEDICINE

INTERNAL MEDICINE

Cardiovascular Disease
Interventional Cardiology
Electrophysiology
Endocrinology, Diabetes, Metabolism
Gastroenterology
Hematology/Oncology
Infectious Disease
Nephrology
Pulmonary/Critical Care
Rheumatology

NEUROLOGY

Clinical Neurophysiology
Vascular Neurology

NEUROSURGERY

NUCLEAR MEDICINE

OB/GYN

OPHTHALMOLOGY

ORTHOPAEDIC SURGERY

OTOLARYNGOLOGY

PATHOLOGY

Cytopathology
Dermatopathology
Forensic Pathology
Hematopathology

PEDIATRICS

Child Abuse Pediatrics
Child Neurology
Developmental and Behavioral Pediatrics
Neonatal-Perinatal
Pediatric Cardiology
Pediatric Emergency Medicine
Pediatric Hematology/ Oncology
Pediatric Rheumatology

PLASTIC SURGERY

PSYCHIATRY

Addiction Psychiatry
Child and Adolescent Psychiatry
Forensic Psychiatry
Geriatric Psychiatry

RADIATION ONCOLOGY

RADIOLOGY

Interventional Radiology
Neuroradiology

GENERAL SURGERY

Surgical Critical Care
Thoracic Surgery (3-year program)

THORACIC SURGERY (integrated program)

VASCULAR SURGERY

UROLOGY

Combined Programs

MEDICINE/PEDIATRICS

Medicine/Psychiatry (Non-Accredited)
 Psychiatry/Neurology (Non-Accredited)

Accredited by the ADA

ORAL SURGERY

PEDIATRIC DENTISTRY

APPENDIX II

Graduate Medical Education Committee (GMEC)

- The GMEC scope of activities includes all issues referenced in the ACGME Essentials of Accredited Residencies in Graduate Medical Education: Institutional Requirements.
http://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/InstitutionalRequirements_07012015.pdf
- Voting Membership is open to MUSC Program Directors as listed, MUSC residents elected by their peers and members of MUSC administration as invited by the GMEC Chair.
- All members are expected to have 75% attendance personally or by proxy.

The following are voting members of the MUSC Graduate Medical Education Committee.

PROGRAM DIRECTORS (determined by minimum number [10] of residents/fellows in program)

1. Anesthesiology..... George (GJ) Guldán, MD
2. Cardiovascular DiseaseMichael Craig, MD
3. Child and Adolescent Psychiatry.....Markus Kruesi, MD
4. Emergency MedicineChristina Bourne, MD
5. GastroenterologyIra Willner, MD
6. Internal Medicine..... Ben Clyburn, MD
7. Medicine/Psychiatry Kelly Barth, DO
8. Nephrology.....Ruth Campbell, MD
9. Neurology.....Shelly Ozark, MD
10. OB/GYNAshlyn Savage, MD
11. Ophthalmology Matt Nutaitis, MD
12. Orthopaedics..... John Glaser, MD
13. Otolaryngology.....Ted Meyer, MD, PhD
14. Pathology Nick Batalis, MD
15. Pediatrics..... Mike Southgate, MD
16. Psychiatry..... Ed Kantor, MD
17. Pulmonary/Critical Care..... Nick Pastis, MD
18. Radiology..... Leonie Gordon, MD
19. Surgery Megan Baker Ruppel, MD

- *MUSC Program Directors will remain on the GMEC until they are no longer directors or if the number of residents in their program falls below 10.*
- *MUSC Program Directors may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

ADMINISTRATIVE

20. Program Coordinator Terri Hayes
21. Quality and Safety Danielle Scheurer, MD

- *The administrative positions are a one- year term, ending June 30th of each year. They will be reappointed or reassigned each May.*
- *The appointee may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

RESIDENT REPRESENTATION

22. Resident Avery Buchholz, MD, Neurosurgery
23. Resident Will Lancaster, MD, Surgery
24. Resident Neal Hatch, MD, Radiology
25. Resident* Ryan Cuff, MD, OB/GYN

- **The fourth, designated resident position is held for the current president of the House Staff Council.*
- *The current resident representatives will stay on until elections are held in May, 2015.*

AT LARGE MEMBERSHIPS

- | | | |
|---------------------------|----------------------|---|
| 26. At-Large member | Brad Keith, MD | <i>Internal Medicine (term expires 6/2015)</i> |
| 27. At-Large member | David Marshall, MD | <i>Radiation Oncology (term expires 6/2015)</i> |
| 28. At-Large member | Raymond Turner, MD | <i>Neurosurgery (term expires 6/2015)</i> |
| 29. At-Large member | Richard Marchell, MD | <i>Dermatology (term expires 6/2016)</i> |
| 32. At-Large member | Milton Armstrong, MD | <i>Plastic Surgery (term expires 7/2016)</i> |
| 33. At-Large member | Eric Graham, MD | <i>Pediatric Cardiology (term expires 7/2016)</i> |

Any MUSC Program Director or Associate Director can request to be placed on the GMEC as an At-Large member. At Large members serve for two-year terms that are renewable.

- *The appointee may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

2014-2015 MEETING SCHEDULE

Meetings are held at 4:00 p.m. in 628 CSB the second Thursday of every month. The June and December meetings are the exception. All program coordinators and directors are invited to attend these two luncheon meetings, held from 11:30 a.m. – 1:00 p.m. on the 2nd Wednesday of June and December.

- July 10
- August 14
- September 11
- October 9
- November 13
- December 10 (*please note different date, time and location of this meeting. We meet at 1130 in BIOENGINEERING 110 for a meeting where all the Program Directors and Coordinators are invited to join us over lunch.*)

- January 8
- February 12
- March 12
- April 9
- May 14
- June 10 (*please note different date, time and location of this meeting. We meet at 1130 in ??? for a meeting where all the Program Directors and Coordinators are invited to join us over lunch.*)

APPENDIX III

2014 Institutional Report Card of Annual Program Reviews

2014 Institutional Report Card

Program	Attrition	Changes	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC. Indicators	MISC. comments
ANESTHESIA						N/A				
Anesthesia - Critical Care					N/A			N/A		
Anesthesia - Cardiothoracic					N/A			N/A		
DERMATOLOGY										
Dermatology - Procedural (Micrographic Surgery and Dermatologic Oncology)					N/A	N/A		N/A		
Emergency Medicine				N/A				N/A		
INTERNAL MEDICINE										
IM- Cardiology										The program did not do an APE.
IM- Interventional Cardiology					N/A	N/A		N/A		
IM - Electrophysiology Cardiology										The program did not do an APE.
IM- Endocrinology						N/A		N/A		
IM- Gastroenterology								N/A		
IM- Hem/Onc								N/A	N/A	Special Review
IM- Infectious Disease								N/A		

2014 Institutional Report Card

Program	Attrition	Changes	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC. Indicators	MISC. comments
<i>IM - Nephrology</i>						N/A		N/A		
<i>IM - Pulmonary</i>								N/A		
<i>IM- Rheumatology</i>								N/A		
NEUROLOGY						N/A				
<i>Neuro - Clinical Neurophysiology</i>										The program did not do an APE.
<i>Vascular Neurology</i>								N/A		
NEUROSURGERY								N/A	N/A	
NUCLEAR MEDICINE					N/A			N/A		
OB/GYN						N/A		N/A		
OPHTHALMOLOGY								N/A		
ORTHOPAEDICS								N/A		
OTOLARYNGOLOGY						N/A		N/A		
PATHOLOGY										
<i>Pathology - Cytopathology</i>					N/A			N/A		

2014 Institutional Report Card

Program	Attrition	Changes	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC. Indicators	MISC. comments
<i>Pathology - Dermatopathology</i>					N/A	N/A		N/A		
<i>Pathology - Forensic Pathology</i>					N/A			N/A		
<i>Pathology - Hematopathology</i>					N/A			N/A		
PEDIATRICS										
<i>Pediatrics - Child Abuse</i>				N/A	N/A	N/A		N/A		
<i>Pediatrics - Child Neurology</i>				N/A	N/A			N/A		Special Review
<i>Pediatrics - Cardiology</i>								N/A		
<i>Pediatrics - Emergency Medicine</i>								N/A		
<i>Pediatrics - Rheumatology</i>				N/A	N/A			N/A		
<i>Pediatrics - Hem/Onc</i>								N/A		Special Review
<i>Pediatrics - Developmental/Behavioral</i>					N/A			N/A		
<i>Pediatrics - Neonatal/Perinatal</i>								N/A		
PLASTIC SURGERY								N/A		
PSYCHIATRY										

2014 Institutional Report Card

Program	Attrition	Changes	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC. Indicators	MISC. comments
<i>Psychiatry - Addiction</i>					N/A	N/A		N/A	N/A	
<i>Psychiatry - Child and Adolescent</i>						N/A		N/A	N/A	
<i>Psychiatry - Forensic</i>					N/A	N/A		N/A		
<i>Psychiatry - Geriatric</i>				N/A	N/A			N/A		
RADIATION ONCOLOGY								N/A		
RADIOLOGY									N/A	
<i>RADIOLOGY - Interventional</i>										
<i>Radiology - Neuro</i>										
SURGERY										
<i>Surgical Critical Care</i>										The program did not do an APE.
THORACIC SURGERY						N/A		N/A		
VASCULAR SURGERY				N/A	N/A			N/A		
UROLOGY								N/A		

APPENDIX IV

Resident Representatives to Hospital Committees

Graduate Medical Education Committee

The GMEC oversees all educational programs and implements the policies and procedures for residents and residency programs within MUSC ensuring high-quality education for its residents. The GMEC ensures programs are adhering to the policies and procedures of the ACGME while maintaining their educational commitment to the residents. (This committee will actually have four resident representatives. Three will be elected and the fourth position will be the President of the House Staff Council.)

Chaired by Dr. Ben Clyburn (2-5371)

2nd Thursday of every month

4-5 p.m., 628 CSB

Resident Members: Neal Hatch, MD Radiology PGY 3
Avery Buchholz, MD Neurosurgery, PGY 4
Will Lancaster, MD Surgery, PGY 3
Ryan Cuff, MD OB/GYN PGY 2 (House Staff Council President)

Annual Program Evaluation Committee

The APE Committee ensures all ACGME-accredited residency programs are in compliance with ACGME Institutional and Program Requirements. This committee will have two residents that will serve a full academic year (July – June).

Chaired by Dr. Leonie Gordon (2-3269)

3rd Thursday of every month

2-4 p.m., 601 CSB

Resident Members: Page Bridges, MD Emergency Medicine, PGY 2
Ashley Rickey, MD Surgery, PGY 4

Medical Executive

The MEC is the professional policy board of the hospital and is responsible for supervision and enforcement of all professional policies, rules and regulations. Its purpose is to ensure high quality, patient-centered, cost effective care throughout MUSC's clinical enterprise.

Chaired by Dr. Boyd Gillespie

Staff Contact: Jane Scutt

3rd Wednesday of every month

7:30- 8:30 a.m., 601 CSB

Resident Member: Thomas Lewis, MD Psychiatry, PGY 2

Quality Operations Committee

The QOC reports and reviews all new and ongoing quality efforts in the clinical enterprise.

Chaired by Dr. Danielle Scheurer (2-5383)

Every other Thursday

8:30-10 a.m., CSB 300

Resident Member: Jillian Sansbury, MD Internal Medicine, PGY 2

Quality IMPROVE Committee

The IMPROVE Committee gives guidance and recommendations on all quality projects that have been endorsed by the senior leaders within the hospital and medical staff. The role is to ensure that the IMPROVE process is followed and that there are relevant and sustained results. This committee makes the final recommendation on whether projects are appropriate to close or not.

Chaired by Dr. Danielle Scheurer (2-5383)

Staff Contact: Tracy Porter

Every Wednesday

4 – 5:30 p.m., RTA 104

Resident Member: Ashley Hink, MD Surgery, PGY 1

Pharmacy and Therapeutics

This committee represents the official line of communication between the medical staff and the Department of

Pharmacy services. Its purpose is to consider all matters related to the use of drugs within the Medical Center.

Chaired by Dr. Larry Field

Last Tuesday of every month

12-1 p.m., location varies

Resident Member: Quiana Scotland, MD Anesthesia, PGY 4

Hospital Infection Control

The ICC investigates and controls nosocomial infections and monitors the MUHA Infection Control program. It is a Medical Staff Committee responsible for the development and implementation of policies and practices to decrease healthcare-associated infections in patients and staff.

Chaired by Dr. Cassandra Salgado (2-4541)

4th Tuesday of every month

2-3 p.m., 803 CSB

Resident Member: Nicole Dominiak, MD Pathology, PGY 2

MUSC Ethics

The Ethics Committee works to improve patient care within an ethical framework. Committee functions include clinical consultation, policy development and review, performance improvement and education.

Chaired by Dr. Walter Limehouse (pager 14278)

1st Wednesday monthly -- Full committee 4:00 - 5:30 p.m., Admin Conf Room MH-295 (next to library bridge)

2nd & 4th Tuesdays, twice monthly -- Ethics Consult Service, 4:00 - 5:30 p.m., Admin Conf Room MH-295

Resident Member: Patrick Gilbert, MD Radiology, PGY 4

Charleston County Medical Society

CCMS is a body that collectively acts as a patient advocate. It functions as a clearinghouse for information for its members and the community and provides a voice for legislatures to better understand the issues facing healthcare providers today.

Margaret Mays (577-3613), Executive Director

1st Tuesday of the month

7-8 a.m., 198 Rutledge, Suite 7 (CCMS Offices)

Resident Member: Bryan Thomas, MD Surgery, PGY 3

Hospital Blood Usage, Tissue and Autopsy

This committee monitors the use of blood and blood components, and tissue and autopsy issues at the MUSC Medical Center.

Chaired by Dr. Jerry Squires

3rd Thursday of the month, quarterly

3-4 p.m., 223 Children's Hospital

Resident Member: Jason Buckley, MD Peds Cardio, PGY 6

Health Information Management Committee

The HIM committee oversees the policies and procedures of the governance and functioning of all parts of the medical record.

Chaired by Dr. Mark Scheurer

Staff Contact: PJ Floyd, RN, BSN, MBA, NE-BC, CCA (2-1165)

3rd Wed of every month

8:30 a.m., RTA 104

Resident Member: Ryan Kellogg, MD Neurosurgery, PGY 2

Accreditation/Regulatory Committee

The leadership of MUSC Medical Center has established the Accreditation/Regulatory Committee with responsibility to ensure Joint Commission standards, CMS standards, and other regulatory standards are implemented and monitored across the entire organization. Membership of the committee will be comprised of key people from cross-functional areas who are recognized as formal or informal leaders in regulatory compliance, and have proven their abilities to effect change.

Chaired by Lois Kerr (2-0177)

staff contact: Terri Ellis (2-5106)

3rd Wednesday of the month

11 a.m. - 12:30 p.m., (usually in 628 CSB)

Resident Member: Stephanie Streit, MD Surgery, PGY 4

Bed Flow and Readmissions Committee

The BFRC monitors the flow of patients across the medical center by overseeing flow dashboards and metrics as well as all policies and procedures associated with placement of patients on select units and readmissions prevention.

Chaired by Dr. Dan Handel (2-9537)

Staff contact: Sarah Cowart

2nd Wednesday of every month

10 – 11 am, 211 RTX

Resident Member: Stephanie Bailey, MD Emergency Medicine, PGY 2

College of Medicine Student Progress Committee and Professional Standards Subcommittee

The Student Progress Committee conducts meetings four times a year as well as on an as needed basis. During these meetings the Progress Committee reviews the academic progress of all students with regard to established progression standards. Students who do not meet required academic or professional standards are considered individually by the Progress Committee. If there concern about a pattern of a student's unprofessional behavior, the student will appear before the professional standards subcommittee. These meetings are held as needed, but historically there have been about 4-6 of these meetings a year. The meetings of both the Student Progress Committee and the Professional Standards Subcommittee are usually from 4:30 -6:30 p.m., 601 CSB.

Chaired by Dr. Sally Self (2-3215)

Resident Members: Jillian Sansbury, MD Internal Medicine, PGY 2
Chelsea Connor, MD Surgery, PGY 2

Medication Safety and Improvement Committee

The MSIC monitors medications from prescriptions to administration

Chaired by Mo Sheakley

Staff Contact Karen Muckenfuss

1st Tuesday of the month
11 AM Hollings room 120

Resident Member: Jessica Taylor, MD Surgery, PGY 2

Medication Reconciliation Committee

The Med Rec committee oversees all aspects of the structure and quality of the medication reconciliation process, on admission and discharge, including the transition to an electronic med rec system in late summer.

Chaired by Dr. Heather Kokko

Staff contact: Peggy (Margaret) Smith (2-5691)

2nd and 4th Wed of every month

2 – 3 p.m., RTA 104

Resident Member: Joshua Rickey, MD Surgery, PGY 4